

IOWA STATE ASSOCIATION OF COUNTY SUPERVISORS

An affiliate of the Iowa State Association of Counties

December 1, 2011

Mental Health and Disability Services Study Committee:

The Iowa State Association of County Supervisors (ISACS) held their annual meeting in Coralville on November 17, 2011. It is at this meeting that ISACS approves its legislative agenda for the coming legislative session. Mental Health and Disability Services funding has been on the supervisors' agenda for many years. This year the proposed resolution was amended from the floor to add the following language: "Be it further resolved that the ISAC Supervisors Affiliate supports the repeal of the MH/DS reform legislation approved by the Iowa General Assembly in 2011 and opposes any pending legislation to implement it." I have attached the entire resolution to this letter since it clearly states ISACS long-held position in support of the county-managed MH/DS service system in Iowa.

This resolution clearly outlines the concern across the state with the repeal of the current system without a new system in place. While ISACS will review every proposal that comes forward for both positives and negatives, there are several issues that need to be addressed before the affiliate can become comfortable with any legislation related to the mental health and disability services system currently managed by the counties. First, what is the plan for the county property tax levy? Second, what are the plans to fund both the current system and any new services that redesign contemplates? Finally, what is the vision for services in Iowa and how is that vision better than the current system? We know that there is a desire to have a regional system, but it is not clear what this looks like or how it is either more efficient or improves on what currently exists. Our experience with the court system tells us that a regional system is more expensive and ultimately will result in less access across the state.

Through ISAC and the MH/DS Commission, counties have provided solutions to the problems that have been identified in the current system. The solutions all have a cost attached to them and have all been rejected on that basis. The county-managed system can have core services provided based on residency. Actually, there is a core of services that every county funds. The legislature can add to the current mandates and Medicaid services, but funding would have to be provided. The lack of access that served as the impetus for the current discussion was due to the lack of funding that created waiting lists for services rather than the lack of core services. Legal settlement can be ended any time; the state just has to take into account the funding issues this causes for border and "magnet" counties. Counties have also provided numerous suggestions regarding the property tax levy. The levy can be equalized, but there will be winners and losers and the legislature has not been willing to allow for the increase of any property taxes.

ISACS has been clear over the past several years that shifting the management of Medicaid services from the counties while the counties remain responsible for providing similar non-Medicaid funded services is not acceptable without clear protections from cost shifting when the state underfunds Medicaid. Medicaid waiver services have not been fully funded for many years and the adults on the ID Waiver waiting list receive services funded through the counties while they wait for a waiver slot. In light of this proposal, counties have made a counter proposal to move the funding and management of the commitment process and the state institutions to the state as a first step. This move leaves the counties with a logical system to manage and any cost shifting done by the state would result in individuals being shifted from institutional services to community based services - a desired outcome for Iowans with disabilities.

Finally, from the perspective of the county supervisors, it appears that the plan is to have the counties use their resources to bring together the infrastructure to support a regional system of services. It is repeated over and over that the counties only provide ten percent of the funding of the system. The message is clear that the county contribution is minimal. By the time the regions are in place, this percentage will be less and garner less respect from the state. There are no guarantees for the counties that their investment in the regions will result in the continued involvement in the regions once they are in place. Given this circumstance, it is difficult to see why the counties would pledge scarce resources to develop a regional system for the state.

I have attached a summary developed by DHS in 2009 describing the numerous proposals that have been put forward to resolve the system issues that counties and other stakeholders have identified with the current system. I look forward to working with you to improve the services provided in Iowa for adults with mental illness and developmental disabilities.

Sincerely,

A handwritten signature in black ink that reads "Richard Crouch". The script is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Richard Crouch, President
Iowa State Association of County Supervisors
Mills County Supervisor

IOWA'S MENTAL HEALTH AND DISABILITY SERVICE SYSTEMS: SUMMARY OF STAKEHOLDER RECOMMENDATIONS (1997 – 2009)

Quick Fixes or Structural Reform (1998). The Mental Health Planning Council contracted with the Technical Assistance Collaborative to analyze the State's mental health service system and develop a comprehensive set of recommendations. These included such concepts as mental health core services, improving coordination between Medicaid and county-funded mental health services, and addressing the needs of providers for technical assistance.

Central Point of Coordination (CPC) Restructuring Task Force: Plan for Mental Health and Developmental Disability Service System Improvements (1999). This report addressed both mental health and disability services, recommended changes to the legal settlement policy, and proposed specific core services to create more community living options for both populations. The report also makes recommendations regarding administration and oversight of the service system.

Olmstead Plan for Community Development (2001). The *Olmstead* Consumer Task Force responded to the 1999 U.S. Supreme Court decision and to the Governor's mandate to develop a plan to eliminate barriers to community living for people with disabilities. The plan was developed at the grassroots level, through statewide open meetings, and covered a broad range of concerns including housing, transportation, health, and services to help people move out of institutions.

An Analysis of Iowa's Six HCBS Waivers (2001). The Governor's Developmental Disabilities Council led the effort to improve Iowa's Home and Community Based Waiver system by contracting with Robin Cooper, through the National Association of State Directors of Developmental Disabilities Services, to develop recommendations for strengthening, expanding and simplifying the waivers.

Creating a System of Mental Health Services for Children in Iowa (2001). The Children's Mental Health Initiative was an inter-agency effort to address the lack of access and coordination of services for children with mental health and behavioral issues. The first-of-its-kind report recommended promoting awareness of children's mental health, establishment of a statewide network of family advocates, conduct of a statewide needs assessment, and expansion of coverage through passage of mental health parity legislation.

Adult System Redesign Report (2004). This legislatively mandated report by the MH/MR/DD/BI Commission contains a set of recommendations for redesign of the county-based mental health and disability service system, including financing, reporting and quality assurance, identification of core services, individual and family participation in planning, and helping people develop the capacity for independent living.

Report of the Children's Oversight Committee to the MH/MR/DD/BI Commission (2006). This legislatively mandated report sought to address the absence of a system of coordinated services and the resulting problems of access for families with children with mental health issues and/or disabilities. The report recommended adoption of the "Lighthouse" concept, to provide a clear entry point and assistance in navigation to families.

Enhancing Community Options Workgroup (2006). This work group was established under an IowaCare Act mandate, to examine ways in which populations serviced by home and community based services could be increased, relative to those served in facilities. Using the

CMS framework for long term care systems improvement, the work group developed a set of recommendations to improve access, individualize services, provide more flexible financing, and provide quality assurance for people with mental illness and/or disabilities.

Money Follows the Person Partners Group Recommendations (2007). This 70-member stakeholder group addressed the particular needs of individuals residing in intermediate care facilities for people with intellectual disabilities/MR who wanted the option of transitioning to more independent settings. The Partners Group recommendations became the foundation of the MFP transition process, the package of services to be available to participants, and the plan to address housing and workforce needs.

Mental Health Systems Transformation Recommendations (2007).

This legislatively mandated planning initiative sought to address critical issues in Iowa's mental health service system, including system financing, crisis intervention and emergency mental health services, children's mental health, evidence based practices, and the role of community mental health centers in providing a community safety net.

Iowa's Youth Development Strategic Plan (2007-2010). The Iowa Collaboration for Youth Development is a multi-agency network representing all the major public systems that address the needs of youth and young adults. Its plan provides recommendations to ensure all Iowa youth are safe, healthy, successful and prepared for adulthood.

Iowa Empowerment Board Strategic Plan (2009-2011)

The Board's vision is that every child, beginning at birth, will be healthy and successful. The Community Empowerment program supports collaborative efforts to respond flexibly to the needs of young children, through home visitation, parent support and education, improved childcare quality and expanded preschool opportunities.

Acute Care Taskforce: Recommendations for Creating a Statewide Mental Health Acute Care Service System (2009). The Taskforce emerged from the public discussions of mental health systems improvement in 2007, and was charged to develop recommendations for cross-system planning and expansion of acute care services for people experiencing a mental health crisis. Their report addresses the need for crisis stabilization centers, subacute services, jail diversion, school-based services and other recovery oriented program initiatives.

Review of related planning documents

Many of the recommendations in the above reports are reflected in various State agency planning documents, some of which are focused on single issues and others with a broader scope, such as the following:

□ The **State Mental Health Plan**, which is subject to review by the Mental Health Planning Council, is developed and submitted annually to the Substance Abuse and Mental Health Administration (SAMHSA) as part of Iowa's Mental Health Block Grant application. The Plan emphasizes the promotion of key initiatives including evidence-based practices, development of systems of care, and comprehensive, continuous and integrated services for people with co-occurring substance abuse disorders and mental illness.

□ The **Iowa Plan for Brain Injury (2007 – 2010)**, was developed by the Iowa Department of Public Health in cooperation with the Iowa Advisory Council on Brain Injuries, the Iowa Brain Injury State Plan Task Force, the Brain Injury Association of Iowa, and the University of Iowa Center for Disabilities and Development. The three areas of focus in the current Plan are

support for individuals and families affected by brain injury, improving the availability of services and supports through assistance with navigation, training for service providers (including the use of technology to expand the reach of training into rural areas), addressing Iowa's changing demographics (such as returning veterans), streamlining eligibility, promotion of brain injury awareness and prevention, and improving the State's information base.

□ **The Iowa Plan for Suicide Prevention (2005 – 2009)** was developed by the Iowa Department of Public Health, in collaboration with numerous State agency and private partners, to address suicide, the ninth leading cause of death among Iowans, as a public health issue. The Plan calls for a public awareness campaign, training across multiple disciplines to identify at-risk behavior and deliver effective treatment, expansion of community screening, early identification and intervention programs, and improved community surveillance.

□ The **Governor's Development Disabilities Council's Five Year Plan** establishes priorities for the Council's use of its resources to address priorities under the federal Developmental Disabilities Act. The current plan (updated for 2009) places a high priority on expanding community living options for Iowans with disabilities, increasing the number of Iowans with disabilities who are working with benefits, strengthening youth transition services, and improving transportation option. The Council also plays a singular role in promoting the involvement of people with disabilities in legislative and policy decisions affecting their lives.

□ **The State of Iowa Co-Occurring Psychiatric and Substance Disorders Implementation Project Charter Document** is the product of collaborative work by DHS, the Iowa Department of Public Health, and numerous stakeholders including consumers and advocates. The effort that began in 2005, with National Policy Academy attended by representatives of ten States. Iowa's team returned from the Academy with a draft strategic plan to achieve "more welcoming, accessible, integrated, continuous and comprehensive services to individuals and families with COD." Work continued on the plan for several years, as departments, provider associations, advocates and other with various interests in the issue collaborated to improve the service system.

□ **Iowa's Early Care, Health, and Education System Strategic Plan (2008)** is prepared by the Early Childhood Iowa Stakeholders of about fifty state, regional and local entities committed to the vision of every child, beginning at birth, being healthy and successful. The plan strives to develop a comprehensive, integrated system of programs and services for children aged zero to five. The Plan includes strategies to increase access to children's mental health and EPSDT services, and to integrate students with disabilities into settings with non-disabled peers.